



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O. H. METALS	Location 1002 Oswego, ST. LITICA, N.Y.	Date 2/24/87									
Facility Equipment 1	Detax Clock No. —	Weapon No. —	Holster —	Nightstick —	Raincoat 1	Flashlight 1	Other 3 Keys, Log Book + phone					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Fialif		Officer—Swing Shift (Name) Dealing		Officer—Grave Shift (Name) Dick Hakozki						
Shift Began 8 AM/PM Ended 4 AM/PM		Shift Began 4 AM/PM Ended 12 AM/PM		Shift Began 12 AM/PM Ended 8 AM/PM								
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		AS needed		<input checked="" type="checkbox"/>				
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Remarks 2:45 PM. Jerry Marasca to other man left site.												
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.
Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes No	Yes	<input checked="" type="checkbox"/>	Yes No	Yes No	Yes	<input checked="" type="checkbox"/>	Yes No	Yes No
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes No	Yes	<input checked="" type="checkbox"/>	Yes No	Yes	<input checked="" type="checkbox"/>	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes No	Yes	<input checked="" type="checkbox"/>	Yes No	Yes	<input checked="" type="checkbox"/>	Yes No	Yes No
Signatures	1	Kenneth Fialif			1	Robert Dealing			1	Dick Hakozki		
Signatures	2				2				2			
Signatures	3				3				3			

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